

## 2018 Biller B Aware Archives

*Providers with further questions can contact Provider Support by phone 1-800-292-2550 or email [ProviderSupport@Michigan.gov](mailto:ProviderSupport@Michigan.gov)*

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## February

**February 23, 2018: Attention ALL Providers:** The Michigan Department of Health and Human Services (MDHHS) requirement of Managed Care Organization (MCO) typical providers needing to be enrolled in CHAMPS by March 1, 2018, has been delayed. Additional communication will be issued when a date has been finalized.

We continue to encourage all typical rendering, referring, ordering, prescribing and attending MCO providers to enroll in CHAMPS. As at a future date, MDHHS will prohibit MCOs from making payments to all typical non enrolled providers.

Enrollment in CHAMPS neither requires nor mandates those providers who are part of a managed care network to accept Fee-for-Service Medicaid beneficiaries. Enrollment in CHAMPS is solely used for the purpose of screening providers participating in Medicaid.

### Resources:

- [Medicaid Provider Enrollment webpage](#)
- CHAMPS Provider Enrollment Step By Step Instructions:
  - [Individual /Sole Provider Type](#)
  - [Rendering/Servicing Provider Type](#)
- [CHAMPS Provider Verification Tool](#)

**February 21, 2018: Attention ALL Providers:** Due to scheduled MILogin maintenance on Production MILogin for worker, third party, and citizen infrastructure, the CHAMPS system will not be accessible from 6:00 AM until 11:00 AM EST Sunday, February 25, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**February 8, 2018: Attention ALL Providers:** The Michigan Department of Health and Human Services (MDHHS) has identified an issue with Patient Pay Amount (PPA) not displaying within the CHAMPS member eligibility screen. Until this is resolved providers should report the known monthly PPA on their claim or if unknown contact the MDHHS county worker.

It is not necessary for providers to contact Provider Support to have these records corrected. Additional MCC resources can be found on the MCC portion of this webpage.

**February 7, 2018: Attention ALL Providers:** The Centers for Medicare & Medicaid Services (CMS) will remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new unique Medicare Beneficiary Identifier (MBI) will replace the current Health Insurance Claim Number (HICN) on the new Medicare cards. CMS will begin mailing new cards to people in April 2018.

Providers systems and business processes must be ready to accept the new MBI number by April 2018 for transactions, such as billing, claim status, eligibility status, and interactions, with the CMS Medicare Administrative Contractor (MAC) contact centers.

There will be a transition period when providers can use either the HICN or the MBI to exchange data and information with CMS. The transition period will start April 1, 2018, and run through December 31, 2019. However, providers systems must be ready to accept the new MBI by April 1, 2018.

Providers should refer to the CMS Fact Sheet to ensure they are prepared to receive the MBI: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf>

Learn more about the CMS New Medicare Card Project: <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>

**February 6, 2018, and January 16, 2018: Attention ALL Providers:** In preparation for the CMS New Medicare Card project, beginning in February 2018, Third Party Liability (TPL) will be removing the Social Security Number (SSN) or policy number from the monthly Pending Void Report when the payer is Medicare. The appropriate policy number per beneficiary will be available directly in CHAMPS if needed. Learn more about the CMS New Medicare Card Project: <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>

Instructions on how to verify other insurance information within CHAMPS: [http://www.michigan.gov/mdhhs/0,5885,7-339-71547\\_4860-344079--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-344079--,00.html)

**February 6, 2018: Attention ALL Providers:** On January 16, 2018, the Michigan Department of Health and Human Services (MDHHS) removed the associated age restriction of 0-18 years to diagnosis code F98.8- Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence and the associated age range. Claims billed prior to the CHAMPS system being updated may have been affected if the beneficiary was not within the age range of 0-18 years. Providers should rebill or adjust any affected claims for correct processing.

**February 5, 2018: Attention All Providers:** The Michigan Department of Health and Human Services (MDHHS) would like to notify providers of the upcoming CMS New Medicare Card Open Forum on Tuesday, February 6, 2018, 2:00-3:00 PM EST.

CMS's Office of Information Technology (OIT) will host a Special Open Door Forum (ODF) to allow Medicaid providers, Managed Care Organizations (MCOs), Medicaid partners and other Medicaid stakeholders an opportunity to learn more about and ask questions regarding CMS's approach towards changing the Social Security Number-based Health Insurance Claim Numbers (HICN) to the new Medicare Beneficiary Identifier (MBI).

Instructions on how to attend this open forum: <https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/02062018SODFAgenda.pdf>

Providers readiness fact sheet: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf>

Feedback and questions on the New Medicare Card Project can be sent to: [NewMedicareCardSSNRemoval@cms.hhs.gov](mailto:NewMedicareCardSSNRemoval@cms.hhs.gov)

**February 5, 2018: Attention ALL Providers:** CHAMPS Direct Data Entry (DDE) issues have been resolved and the screens restored for providers. We apologize for any inconvenience.

**February 5, 2018: Attention ALL Providers:** The Michigan Department of Health and Human Services (MDHHS) has identified not all Managed Care (MA-MC, MA-HMP-MC etc.) benefit plan segments are displaying in CHAMPS eligibility screens correctly. Providers can use the 270/271 eligibility transaction to verify eligibility as a workaround until this issue is resolved.

**February 5, 2018: System Outage:** Due to system release and maintenance the CHAMPS system will be down between 6:00 PM EST Saturday, February 10, 2018, through 9:00 AM EST Sunday, February 11, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**February 2, 2018: System Outage:** Due to system maintenance the CHAMPS system will be down between 7:00 PM through 9:00 PM EST Saturday, February 3, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**February 2, 2018: Attention ALL Providers:** Due to system issues, the CHAMPS Direct Data Entry (DDE) function is currently not accessible. MDHHS is working to resolve the issue and an additional notification will be posted when resolved. We apologize for any inconvenience.

**February 2, 2018: Attention Outpatient Hospital Providers:** Providers may notice an increase of claim adjustment reason code A8 denials as the MDHHS CHAMPS system is processing current claims with the October 2017 quarterly APC/OPPS software and wrap around codes list. The implementation of the software for the January 2018 quarter is planned for March 23, 2018, and will resolve this issue. MDHHS asks that providers continue to bill for the services rendered using National Coding Guidelines for the date of service the charges were incurred on. Any claims affected by this software update will be processed in April and may be identified by the claim note: APC January 2018 quarterly updates.

**February 1, 2018: Attention FQHC Dental Providers:** Currently the CHAMPS system is not paying the APM rates associated with qualifying dental procedure codes. A system fix is currently scheduled for the end of March 2018. Once the fix is implemented previous incorrectly processed claims will be adjusted for proper claim adjudication. In addition, after the fix, these claims will pay the PPS rate plus the APM rate at the time of claim adjudication.

## January

**January 31, 2018: Attention ALL Providers:** The Michigan Department of Health and Human Services (MDHHS) would like to remind Individual Providers when completing their enrollment within CHAMPS the 'Associate MCO Plan' step does not require the Managed Care Organization (MCO) or Medicaid Health Plan (MHP) Contract Agreement to be uploaded. This step is optional and is used to associate the provider with their participating or networked MCO or MHP.

Step by step CHAMPS enrollment instructions can be found on the Provider Enrollment website:

[http://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_42542\\_42543\\_42546-104293--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546-104293--,00.html)

**January 25, 2018: Attention ALL Providers:** Due to scheduled MILogin maintenance on Production MILogin for worker, third party, and citizen infrastructure, the CHAMPS system will not be accessible from 6:00 AM until 11:00 AM EST Sunday, January 28, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**January 24, 2018: Attention Clinic Providers (FQHC, RHC, and THC):** It has been determined that the reduction factor for Medicaid secondary and tertiary claims is only working for Medicare primary claims. When billing with another primary payer, the primary payment is not being subtracted from the Medicaid PPS rate, resulting in overpayments.

MDHHS is currently working on this issue and will update providers when a resolution has been determined.

**January 24, 2018: Attention ALL Providers:** The Michigan Department of Health and Human Services (MDHHS) has identified an issue when an admission record is created for a beneficiary which does not have current eligibility or a beneficiary applying for coverage. Once the eligibility has been established and sent to CHAMPS, the benefit plans and PET codes are not updating.

Until this is resolved MDHHS will be performing a weekly correction file to:

- Identify the impacted beneficiaries
- Assign the appropriate benefit plans and PET codes based on the admission record
- Update the admission record status from 'Completed-waiting for MA' to 'Completed'.

It is not necessary for providers to contact Provider Support to have these records corrected as MDHHS will be internally correcting these records.

Additional MCC resources can be found on the MCC portion of the [Medicaid Provider Tips webpage](#).

**January 24, 2018: System Outage:** Due to system release, the CHAMPS system will be down between 7:00 PM EST Friday, January 26, 2018, to 2:00 AM EST Saturday, January 27, 2018. This

outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**January 19, 2018: Attention Outpatient Hospital and End Stage Renal Disease Providers:** MDHHS is aware of a system issue with procedure code J0882-Darbepoetin Alfa, ESRD. For dates of service April 1, 2016, through December 31, 2016, the code was inadvertently terminated in the Medicaid system and removed from the MDHHS wrap-around code list causing claims to deny. The CHAMPS system and wrap-around code list are both projected to be updated in the next system release scheduled for March 23, 2018. An update will be posted once the system has been updated.

**January 18, 2018: Attention Hospital Providers:** This is an update to the notification posted on October 26, 2017. The October 2017 Quarterly APC & ASC software and APR DRG grouper 35 were both loaded into the system on December 29, 2017. MDHHS will identify affected claims and adjust or resurrect accordingly.

**January 18, 2018: Attention Outpatient Hospital Providers:** This is an update to the Biller "B" Aware posted on July 13, 2017. MDHHS recognizes that claims continue to be denied with CARC A8-ungroupable incorrectly. The affected claims have services that are assigned a payment status indicator G or K on Medicare's Addendum B and the supporting payable procedure is on MDHHS wrap-around code list with an assigned MDHHS status indicator. The issue is projected to be fixed in the system update scheduled for March 23, 2018. A subsequent Biller "B" Aware will be posted once the issue is resolved with information for rebilling affected claims.

**January 18, 2018: Attention ALL Providers:** The latest batch of MDHHS Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled in a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

**January 18, 2018: Attention ALL Providers:** The Michigan Department of Health and Human Services (MDHHS) would like to notify providers of the upcoming CMS New Medicare Card Open Forum on Tuesday, January 23, 2018, 2:00-3:00 PM EST.

CMS's Office of Information Technology (OIT) will host a Special Open Door Forum (ODF) to allow Medicaid providers, Managed Care Organizations (MCOs), Medicaid partners and other Medicaid stakeholders an opportunity to learn more about and ask questions regarding CMS's approach towards changing the Social Security Number-based Health Insurance Claim Numbers (HICN) to the new Medicare Beneficiary Identifier (MBI).

Instructions on how to attend this open forum: <https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/01232018SODFAgenda.pdf>

Providers readiness fact sheet: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf>

Feedback and questions on the New Medicare Card Project can be sent to [NewMedicareCardSSNRemoval@cms.hhs.gov](mailto:NewMedicareCardSSNRemoval@cms.hhs.gov)

**January 16, 2018: Attention ALL Providers:** The CHAMPS system issues have been resolved and the Archived Documents function has been restored and is functioning properly. We apologize for any inconvenience.

**January 10, 2018: Attention ALL Providers:** Due to system issues, the CHAMPS Archived Documents function is still not accessible. MDHHS is continuing to work on resolving the issues. Notification will be posted when resolved. We apologize for any inconvenience.

**January 9, 2018: Attention ALL Providers:** MDHHS would like to remind providers when adding other insurance information in the MCC Admission screens to enter the greatest demographic



information available (e.g. policy name, policy number, policyholder etc.). Provide all known information so that Third Party Liability (TPL) can validate the policy information reported for possible addition to the beneficiaries TPL file. Providers should only report other insurance information **not found** on the CHAMPS TPL coverage file. Information regarding coverage already on file can be found using the 'View TPL' hyperlink in the MCC Admission screens.

**January 8, 2018: System Outage:** Due to system maintenance, the CHAMPS system will not be accessible from 6:00 PM EST Saturday, January 13, 2018, through 9:00 AM EST Sunday, January 14, 2018. This outage will affect the CHAMPS system access for all functionality. We apologize for any inconvenience.

**January 4, 2018: Attention ALL Providers:** Due to system issues the CHAMPS Archived Documents function is currently not accessible. MDHHS is working to resolve the issue and an additional notification will be posted when resolved. We apologize for any inconvenience.

**January 4, 2018: Attention Hospice Providers:** MSA policy bulletin [MSA 17-46](#), issued December 1, 2017, requires that hospice providers print the admission form in CHAMPS and obtain the beneficiary (or authorized representative) signature and hospice provider personnel signature on the form. For hospice providers unable to print the admission form generated by CHAMPS (due to admissions during home visits, after hours etc.), hospice providers may instead utilize an alternative form the "Hospice Election Statement" that meets the Medicare requirements outlined in [MLN Matters Number SE1631](#), issued December 13, 2016.

As of January 2, 2018, the hospice beneficiary's or authorized representative's signature and hospice provider personnel completing the admission must be present on the Hospice Election Statement form. It is the hospice provider's responsibility to upload a copy of the signed Hospice Election Statement form to the Document Management Portal (DMP) in conjunction with the completion of the hospice admission or discharge in CHAMPS. The printed admission generated by CHAMPS and the signed Hospice Election Statement form must be retained in the beneficiary's record. This clarification will also be issued in the April 2018 Michigan Medicaid Provider update bulletin.

When uploading the Hospice Election Statement form to DMP, follow the guidelines as listed below:

*Document Type:* Claim

*Document Title:* Forms

*Date of Service From:* Enter the hospice election date

*Date of Service to TCN:* Enter the hospice election date

*Message:* Hospice Election Statement

After the alternative form is uploaded, providers may verify receipt by searching the beneficiary ID number in DMP. First-time users of Document Management Portal please review the [DMP users guide](#).

**January 2, 2018: Attention ALL Providers:** The Michigan Department of Health and Human Services (MDHHS) has been notified that Patient Pay Amounts (PPA) are not displaying in the CHAMPS eligibility screen. MDHHS is working to resolve this issue and further notification will be posted when resolved.

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